PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	or trans ig the P ierwise	smitting the ISSU atent, advance or in Block 1, by (a	i) specifying a new co	orres	pondence address;	and/or	(b) indicating a sepa	rate "FEE ADDRESS	" for	
, , , , , , , , , , , , , , , , , , , ,						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
Gunther O. Hanke, Esq. FULWIDER PATTON LEE LLP Howard Hughes Center						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
6060 Center Drive, Tenth Floor Los Angeles, CA 90045						(Depositor's name)					
Los Aligeles, Ca						(Signa	iture)				
									(1	Date)	
APPLICATION NO.	FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CO		CONFIRMATION NO		
09/872,216	Robert D. Ainsworth			ACSBL 79488 2384							
TITLE OF INVENTION				(G1605USO1)							
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	NO \$151		\$0		\$0		\$1510	03/31/2009		
EXAMINER			ART UNIT	CLASS-SUBCLASS							
ROZANSKI, MICHAEL T 3768				600-101000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				2. For printing on the patent front page, list [Fulwider Patton LL]							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,							
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
<u> </u>		A TO BI	E PRINTED ON 1	HE PATENT (print of	or tyn	ne)					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
recordation as set forth in 37 CFR 3.11. Completion of this form is NO1 a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
ADVANCED CARDIOVASCULAR SYSTEMS, INC. SANTA CLARA, CA											
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🙀 Corporation or other private group entity 🗀 Government											
4a. The following fee(s) are submitted: Same Fee A check is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number 06-2425 (enclose an extra copy of the content of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number 06-2425 (enclose an extra copy of the content of Fee(s): (Please first reapply any previously paid issue fee shown above)										m).	
5. Change in Entity Sta			•	D							
• •	ns SMALL ENTITY state				_	-		FITY status. See 37 Cl		ty in	
NOTE: The Issue Fee an interest as shown by the	records of the United Sta	tes Pate	ent and Trademark	Office.	iaii tl	appnoant, a regi	owicu i	actiney of agent, of the	o assigned of other par	-y 111	
Authorized Signature	/GUNTHER C). H	ANKE/	. trole		Date	arch	31, 2009			
Typed or printed nam	e GUNTHER O.	HA	NKE			Registration N	lo	32,989			
This collection of inform	nation is required by 37 (FR 1.3	11. The information	on is required to obtain	or r	etain a benefit by t	he publ	ic which is to file (and	by the USPTO to pro-	cess)	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.